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Revised: Jan-04

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Braydon	J. CasyTT	Assembly	12
Name (print)		Office (if applicable)	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Brandon Casutt 6829 Adobe Villa Ave. CV. NV. 89142	5-5-04 7-8-04 8-20-04	15,000 =	5
Mike Gandy 9580 W. Sahdra Ave. Stelog W. NV. 89117	7-14-04	\$ 250.00	
Kawana pohe 1801 ROYAL Birkdale Dr. Boulder city, NV. 89005	8-13-04	\$ 100.00	
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J. Casutt Brandon Name (print)

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Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
B.J.C. Enterprises 6829 Abbe Villa Ave. LV. NV. 89142	D	5-5-04 7-8-04 8-20-04	13,440.00
Sprint P.O. B-K 79357 City of Industry 491716	<b>A</b>	8-7-04	\$ 105,16
City of Industry 491716 Cox communications P.O. Box 6059 Cypress Ct 90630	A	8-7-04	\$49.99
Banger outlet 61855. Valley View Stell. LV. NV. 89118	D	7-23-04	\$ 807.00
office Max 41 N. Nellis Blud LV. N. 89110	0 + A	5-20-04 6-28-04 8-10-04	\$ 342.25 \$ 87.56 \$ 194.32
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Brandon	2.	Casutt
Name (print)		

Office (if applicable)

/ 2 District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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Braydon	T.	Casult	Assemble
Name (print)			Office (if applicable) '

/ 2
District (if applicable)

## **IN KIND**

## Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	
		<u></u>		
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